

AC 449.1(1) SHREWSBURY

Borough of Shrewsbury.



REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1927.

A. D. SYMONS, M.D., D.P.H.

Shrewsbury :
Brown & Brinnand, Ltd., Printers, 5a, Claremont Street.



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BOROUGH OF SHREWSBURY.

THE PUBLIC HEALTH COMMITTEE.

Mr. Alderman ADAMS.*† (Chairman).

THE MAYOR (Mr. Councillor BROMLEY).*†

Mr. Alderman DAVIES.*

Mr. Alderman PERKS.*

Mr. Councillor ASBURY.

Mr. Councillor MADDISON.

„ „ COLE.*

„ „ SMOUT.*†

„ „ DOWNES.

,, ,, WHITTAKER.

„ „ JACKSON.*

” ” WOOLLAM.

THE MATERNITY and CHILD WELFARE SUB-COMMITTEE.

Mr. Alderman ADAMS (Chairman).

THE MAYOR (Mr. Councillor BROMLEY).

Mr. Alderman PERKS.

Mr. Councillor JACKSON.

Mr. Councillor ASBURY.

.. .. SMOUT.

„ „ COLE.

„ „ WITHERS.

” ” DOWNES.

” ” WOOLLAM.

Representative Members :

Mrs. ALLEN.

Rev. Prebendary P. A. E. EMSON.

Mrs. GALE.

D. D. MACPHERSON, ESQ.

MISS THOMPSON.

THE SHREWSBURY and ATCHAM JOINT HOSPITAL BOARD.

Mr. Alderman ADAMS (Chairman).

THE MAYOR (Mr. Councillor BROMLEY) *ex officio*.

Mr. Alderman DAVIES.

Mr. Alderman DEAKIN.*

Mr. Alderman FROGGATT.*

Mr. Councillor DOWNES.

Mr. Councillor MADDISON.

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J. D. HUGHES, ESQ.

Col. H. W. LOVETT.

H. H. INIONS, ESQ.

C. S. FAWCETT, ESQ.

J. H. INIONS, Esq.

* Also members of the Housing Acts Committee of which Mr. Alderman DEAKIN is Chairman, together with Mr. Alderman PACE, and Councillors GLOVER and MAJOR.

† Members of the Housing Selection Sub-Committee of which Mr. Alderman ADAMS is Chairman.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health.	{	† A. D. SYMONS, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
School Medical Officer.		
Medical Officer for Maternity and Child Welfare.		
Medical Superintendent of Small- pox and Isolation Hospitals.		
Sanitary Inspectors :	{	*† THOMAS SPEAKE, F.S.I.A. *† W. H. PURSLOW, C.R.S.I.
Health Visitors :	{	† Miss F. E. BRETT, Cert.S.I. Exam.Bd., Dip. Nat. Health. † Miss W. KYD-AITKEN, C.M.B. Fully qualified Health Visitor.
Matron of Isolation Hospital :		Miss A. K. ELLIS.
School Nurse :		† Miss M. WILLIAMS.
Chief Clerk and Laboratory Assistant :		† G. NICHOLAS.
Assistant Clerks :	{	† Miss L. L. LEWIS. A. J. WARD.
Abattoir Superintendent and Meat Inspector :		* FRANK FARRELL.

PART TIME OFFICERS.

Medical Officer of Ante-Natal Clinic :	R. L. E. DOWNER, M.D., B.S., M.R.C.S., L.R.C.P.
Dental Officer Maternity and Child Welfare :	E. W. HATTON-OWEN, L.D.S.
Food and Drugs Inspector :	W. C. HEAS.
Public Analysts :	A. BOSTOCK HILL, M.D., D.P.H., F.I.C. W. T. RIGBY, F.I.C.

* Qualified Meat Inspectors.

† Contribution towards salary made under Public Health Acts
or by Exchequer grants.

PUBLIC HEALTH DEPARTMENT,

74, WYLE COP,

SHREWSBURY,

May, 1928.

*To the Mayor, Aldermen and Councillors of
the Borough of Shrewsbury.*

MR. MAYOR AND GENTLEMEN,

I have the honour to present to you my annaul report on the health of the Borough during the year 1927.

There was a rise in the number of deaths and in the death rate compared with the previous four years. A scrutiny of the figures however shows that 73% of the total deaths occurred at the age of 45 or over and 50% at or above the age of 65. The increased number of deaths is mainly attributable to three causes namely Influenza, Cancer and Violence, which are discussed in the body of the report.

As a set off against this set back, the number of Infant deaths and the Infantile Mortality Rate are the lowest ever recorded in Shrewsbury, being 43 per 1,000 live births compared with a rate of 69 for the country generally.

The situation, except in the case of Cancer, is therefore satisfactory, seeing that the visitation of the Influenza epidemic in the early part of the year, may be regarded as a temporary phenomenon.

Health legislation which came into operation during the year was as follows ; Public Health (Smoke Abatement) Act, 1926, Public Health (Preservatives, etc., in Food) Regulations, 1925, with certain Amending Regulations, and the Births and Deaths Registration Act 1926, which among other things requires the registration of Stillbirths.

The Public Health (Preservatives, etc., in Food) Regulations are the latest of a recent series, the object of which is to secure a cleaner and a purer food supply.

The Clean Meat Regulations of 1924 are intended to safeguard meat from contamination, the Milk and Dairies Order of 1926 aims at a cleaner milk supply, and the Preservatives, etc., in Food Regulations seek to encourage cleaner food production all round by prohibiting the use of certain preservatives which were sometimes incorporated in the preparation of foodstuffs to check incipient putrefaction which might result from dirty methods, and utensils, or unsound material.

It was to be expected that an outcry would be made, as it has been, by certain members of the trade, that preservatives were not injurious to health, and that their banishment would entail loss and ruin to the manufacturer.

One of the most popular preservatives with manufacturers was Boric acid, probably because it was tasteless, odourless, and in small quantities delayed putrefaction. This preservative alone was used in so many foods that many people might be taking anything from 10 to 30 grains a day.

Boric acid is poisonous in large quantities, and even in small quantities in susceptible people, and if it is poisonous in large quantities, it is logical to assume that it is harmful to health in small quantities especially when taken continuously.

The extent to which our food has been sophisticated can be realised from a sample daily menu containing certain articles of diet, some brands of which were known to contain preservative before the advent of the Regulations.

Breakfast. Sausages (Boric acid), Imported ham and bacon (Boric acid), Coffee extract (Benzoic acid), Jam (Sulphurous acid), Butter or Margarine (Boric acid), White bread (chemically bleached and also robbed of its most valuable ingredients).

Dinner. Meat (sometimes washed over with a solution of sulphites or proprietary preservatives to mask commencing putrefaction), Pickles and sauces (Benzoic acid), Dried apricots, peaches, prunes (Sulphur dioxide), Custard made from custard powder (Starch and a yellow dye), Beer or Cider (Sulphur dioxide, Salicylic or Benzoic Acid).

Tea. White bread as for breakfast, Confectionery (coloured with coal tar and other dyes), Cream (Boric acid).



Supper. Brawn, Potted meat, Potted fish or shrimps (Boric acid and colouring matter), Bottled peas and Spinach (Copper sulphate), Lemon curd, Mincemeat, Jellies (Boric acid and coal tar dyes), Mineral waters or cordials (Salicylic acid or benzoic acid and dyes), Sweetmeats, Biscuits (Coal tar dyes).

Probably everybody had some of these articles of food daily, and although ill health cannot be definitely ascribed to particular preservatives, there are reasonable grounds for suspecting that they are harmful, especially when it is known that Boric acid for instance has a cumulative action and is not eliminated as quickly as it is absorbed.

It may or may not be a coincidence that during the last forty years since food preservatives came into use there has been a great increase in the amount of disease of the alimentary tract such as appendicitis, gastric and duodenal ulcer, and of cancer, half the deaths from which are due to cancer of the digestive system.

During this period the standard of hygiene and food have improved greatly, so that there may be some possible connection between these two events which are coincident.

With quicker means of transport, cold storage facilities, and better care and methods of food preparation, the need for chemical preservatives will decrease as it has done in America and elsewhere.

The importance of pure, clean food of the right quality and amount is not yet sufficiently grasped by the layman, but it is probably more important than any one of the other essential elements for health, and this point is stressed by Professor Mellanby whose recent researches on nutritional problems have advanced our knowledge, who states " The problem of correct feeding is even of a more fundamental nature than that of general hygiene, for whereas it is possible to bring about good health and perfect development under bad hygienic conditions so long as the food eaten is very good, when the diet is defective the most perfect hygiene, as we know it, will not prevent bad physical development, ill health, and early death. Good hygienic conditions are those which reduce the chance of infection by micro-organisms, but nothing has been more prominent in recent work than the part played by correct feeding in increasing the individual resistance to infection."

In turning now to Housing or "good hygienic conditions," I do not desire to give you the impression that although good housing may come second to correct feeding in the promotion of health, your efforts have been made in a wrong direction by the provision of new houses for the working classes. Correct feeding and proper housing are complementary to one another, and if through lack of knowledge the food habits of the people are faulty it is all the more necessary to ensure "good hygienic conditions" in the hope that by gradual education more attention will be paid to the fundamental importance of a balanced dietary.

It is satisfactory to note that more houses were erected in Shrewsbury than in any other year since the war, and also that more slum houses were closed than in any other year during the same period.

In connection with Housing, I would like to draw your particular attention to the suggestion that owing to the increasing size of the Corporation Housing Estates, consideration might be given to the desirability from an economic and educative point of view, to appoint a Woman Manager on the Octavia Hill system, the need for such an appointment and the scope of her work and duties being set out in the section of this Report dealing with Housing.

In order, also to secure fairer and better living conditions for many families in tenement houses, the question of the adoption of Bye-laws for Houses let in Lodgings is again discussed.

In conclusion, I have to mention and record with regret the resignation of Mr. W. H. Purslow, whose service under the Corporation as Sanitary Inspector for the past eight years, was performed with painstaking care, thoroughness and tact.

To my colleagues, the various members of my Staff and the Voluntary helpers at the Welfare Centre, I again tender my thanks for their ready and willing assistance.

I have the honour to be, Gentlemen,

Your obedient Servant,

A. D. SYMONS.

GENERAL STATISTICS, 1927.

Rateable value of the Borough	...	...	...	£190,042
Sum represented by a Penny Rate	...	...	...	£709 9s. 3d.
Area of the Borough (excluding water) in acres			...	3,470.
Population (Census 1921)	...	...	...	31,030
Population (Registrar General's estimate middle of 1927)	{ For Birth Rate For Death Rate			32,780. 32,080.
Persons per acre calculated on 1927 population			...	9.4
Inhabited houses (Census 1921)	...	...	...	6,742.
Families or separate occupiers (Census 1921)			...	6,995.
	MALE. FEMALE.			
Births	{ Legitimate Illegitimate	289 18	271 20 }	Total 598.
Birth Rate	...	...	...	18.2
Deaths	...	...	...	426.
Death Rate	...	...	...	13.2
Number of women dying in, or in consequence of Childbirth	...	...	{ from sepsis from other causes	Nil. 3.
Deaths of Infants under one year per 1,000 births	...	...	{ Legitimate Illegitimate	42.8 52.6
Infant Mortality Rate	...	...	...	43.
Deaths from Measles (all ages)		...	...	4.
„ „ Whooping Cough (all ages)		...	...	Nil.
„ „ Diarrhæa (under 2 years of age)			...	2.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Shrewsbury the county town of Shropshire is situated in the centre of a fertile district and is surrounded by more or less unbroken country for a radius of ten miles.

The town varies in elevation from 150 feet to 260 feet above sea level.

The geological formation is varied, red sandstone predominating ; the dry and sandy subsoil is mainly river drift, generally of considerable thickness, with clay underlying at greater or less depth.

The climate is mild and possesses the characteristics of a valley climate, except that river fogs even in the low lying parts of the town are not as frequent as might be expected.

Atmospheric pollution is mainly brought about by domestic chimneys and is not augmented to a serious degree by emission of smoke from industrial chimneys which are relatively few in number.

The town lies within the rain shadow of the hills of Wales and the rainfall is moderate amounting on the average to 25 inches.

Shrewsbury centrally situated in a large agricultural district and well served by railways and motor buses is the Mecca of the marketing community, chiefly noticeable on a Saturday, and possessing one of the largest Cattle Markets in the country is a busy centre for the purpose of trading in farm stock.

Industrial works are neither numerous or extensive, but include large maltings, three breweries, a tanyard, an agricultural implement works, an iron foundry, tobacco and cigar factory, together with gas and electric light works.

There is a military depot of the Shropshire Light Infantry in the Borough and on the outskirts another depot of the Royal Air Force.

Many inhabitants are employed at two large factories recently erected just outside the Borough boundaries.

Finally, Shrewsbury is an important railway centre not only as a junction, but also owing to the presence of railway carriage and waggon works.

There are no industries in which the occupation entails especial danger to health.

WEATHER CONDITIONS.

Meteorology is a steadily advancing science and its study will become increasingly interesting and important, especially,

as seems within the bounds of possibility, that to some extent, Man, in the future, may be able to exert some control over weather conditions, by means of methods as yet undiscovered or undreamt of.

With the approaching advent of the electrical era an impetus will be given to the revival of rural industries and to the movement of the people back to that ancient and most important of industries and healthiest of occupations, namely agriculture ; and it is obvious that if some sort of weather control becomes feasible, so that crops are assured and plentiful, the movement will be accelerated and three sets of circumstances will follow which will enhance the national health.

Firstly, the employment on the land, under fresh air conditions and entailing vigorous exercise will improve the health of those who at present may be incarcerated in factories or offices in smoke laden towns.

Secondly, the trek from town to country will lessen the congestion and overcrowding in towns and so benefit those who remain behind. Thirdly, and most important of all, the increased production of the fruits of the earth for consumption by the community as a whole, is bound to be reflected in a better all round state of health, compared with conditions existing to-day, whereby large quantities of stale, tinned and devitalised food are consumed not only through misguided choice, but often as a necessity owing to the lack of or the prohibitive cost of the fresh article.

From another health point of view, the effect of climatic conditions is also important and though we know a little, it is only a little, as to the effect on the human body of heat, cold, damp and light, but we know, at present, practically nothing as to those climatic factors which must play some part in encouraging or inhibiting the growth and rapid multiplication of those specific micro-organisms which produce disease in the human host.

The weather of 1927 may be remembered by those who experienced it, but it will be better forgotten.

The accompanying rainfall statistics kindly supplied again by Dr. Gepp show that there were over 3 inches of rain above the normal average for Shrewsbury, in 1927.

The greatest rainfall occurred during the months of August and June, and the least rainfall during May and February.

Rain which was measurable, fell on more than half of the days of the year.

Rainfall at Coton Hill, Shrewsbury.

Month.	Total Fall.	Greatest fall in 24 hours.		Days with .01 or more.	Days with .04 or more.
	Inches.	Inches.	Date		
January ...	1.86	.33	28	18	14
February ...	1.75	.48	20	15	13
March ...	2.02	.30	31	20	17
April ...	1.91	.89	8	14	8
May ...	1.17	.30	15	12	10
June ...	3.41	.66	18	21	15
July ...	2.26	1.26	11	15	10
August ...	4.34	.65	15	20	18
September ...	3.03	1.07	14	19	13
October ...	1.90	.61	22	12	9
November ...	3.25	.71	18	17	14
December ...	1.91	.50	24	10	8
Totals ...	28.81			193	149

POPULATION.

The Registrar General's estimate of the population at the middle of 1927 was 32,780, which is only an increase of 20 compared with last year, though the excess of births over deaths during 1927 was 172.

It is impossible of course, apart from an actual census, to arrive at a figure which is strictly accurate owing to the migration factor, and the Registrar General states that "The basis of estimation has been modified from time to time in the light of accumulated evidence regarding the effect of the migration factor and in some areas there may accordingly appear to be a lack of continuity between the estimates of successive post censal years."

The following figures show the population as estimated since the census of 1921.

YEAR.	POPULATION.
1921 (Census) ...	31,030
1922 (Estimated) ...	31,240
1923 ,, ...	31,600
1924 ,, ...	32,360
1925 ,, ...	32,530
1926 ,, ...	32,760
1927 ,, ...	32,780

VITAL STATISTICS.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1927 AND PREVIOUS YEARS.

YEAR.	Population (estimated) each year.		BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
			Un- corrected Number,	Nett.				of Non- residents registered in the District.	of Resi- dents not registered in the District.	Under 1 Year of Age.		At all Ages.	
Birth Rate.	Death Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate per 1,000 Nett Births.	Number.	Rate.				
1920	31268	30964	776	778	23.9	405	13.0	81	50	46	65.5	374	12.1
1921		31030	703	664	21.3	423	13.6	98	57	55	82.8	382	12.3
1922		31240	647	611	19.5	436	13.9	87	68	29	47.4	417	13.3
1923		31600	650	627	19.8	469	14.8	103	36	39	62	402	12.7
1924	32360	31660	679	628	19.4	454	14.3	120	42	29	46	376	11.9
1925	32530	31730	628	579	17.8	435	13.7	116	48	45	77.7	367	11.5
1926	32760	31960	657	588	18.2	446	13.9	121	35	37	62.9	360	11.2
1927	32780	32080	642	598	18.2	479	14.9	124	71	26	43	426	13.2

BIRTHS.

The births notified in the Borough during the year amounted to 642 which includes 24 stillbirths.

After allowance has been made for births which took place in Shrewsbury but were assignable to other districts, the net total of 598 remains, compared with 588 and 579 in the two previous years respectively.

The birth rate is therefore 18.2 per 1,000 population which is the same as the rate for last year and is higher than the average of the country generally.

		BIRTH RATE.
England and Wales	...	16.7
107 Great Towns (including London)	...	17.1
155 Smaller Towns (Population 20,000-50,000)		16.4
London	...	16.1
SHREWSBURY	...	18.2

The manner in which the notifications of births were made is shown in the following table.

Doctor.	Doctor and midwife.	Midwife. or Nurse.	Parent.	Registrar	Total
20	1	599	2	20	642

The 598 live births belonging to Shrewsbury can be analysed as follows :—

	LEGITIMATE.	ILLEGITIMATE.		TOTAL.
Male	289	18	=	307
Female	271	20	=	291
				598

The illegitimate birth rate was 1.1 per 1,000 population and a percentage of 6.3 of total births.

There were 24 stillbirths during the year.

In the past the cause of stillbirths was in a large number of cases attributed to syphilis, but recent studies show that only about 10% of stillbirths are brought about by the agency of this particular poison, but that in premature birth and more particularly premature stillbirth syphilis is of outstanding importance.

It is now established that the commonest causes of stillbirth at full time are (1) cerebral hæmorrhage in the infant (2) asphyxia.

These conditions are almost invariably brought about in cases of difficult labour. The labour is difficult from mechanical reasons, either that the maternal passages of the mother are too small as in contracted pelvis so that undue pressure is exerted on the brain leading to tears of its substance, or owing to malpresentations of the child, necessitating manipulations or instrumental delivery.

Research and investigation having established the main causes of stillbirth, the obvious question asked is "What can be done?"

The answer lies in one small phrase—ante-natal supervision.

If potential mothers, before embarking on, and travelling as well as travelling through one of the perilous journeys in their lives, would submit to a thorough examination, a lot could be done to avoid disaster at the journey's end.

By ante-natal examination at the thirty-sixth or thirty-seventh week of pregnancy, any malpresentations or disproportion between the size of the child and the maternal passages, can be anticipated, corrected, or so treated either by induction of labour or Cæsarean section, that a living child and a mother less undamaged than she might otherwise be, result.

There still remain other causes of stillbirth, due to toxæmia and states of ill health in the mother, and these states too may be remediable if dealt with ante-natally at an early stage of pregnancy.

DEATHS.

There were 479 deaths registered as occurring in the Borough but after making corrections for deaths of "Non-residents" and inhabitants of Shrewsbury dying elsewhere, the net deaths belonging to the town amount to 426, giving a death rate of 13.2 per 1,000 persons, compared with 11.2 in 1926.

The death rates for 1927 of Shrewsbury and the subjoined groups were :

					DEATH RATE 1927.
England and Wales	...	...	...	...	12.3
107 Great Towns (including London)	...	...	...	...	12.2
155 Smaller Towns (Population 20,000—50,000)	...	...	...	...	11.3
London	...	...	...	...	11.9
SHREWSBURY	...	...	...	...	13.2

There has been an appreciable rise in the number of deaths and in the death rate during the year compared with recent years. Two-thirds of the increased number of deaths above the average of recent years has been brought about by the three following causes (1) Influenza, (2) Deaths from Violence and Suicide, (3) Cancer.

The accompanying table showing the main causes of death and the number of deaths in each year, compares 1927 with 1926 and 1925, both of which years can be classed as "normal" years.

CAUSE OF DEATH.					NUMBER OF DEATHS.		
					1925	1926	1927
Heart Disease and Senile Decay	...	...	...	...	76	77	84
Cancer	...	...	...	...	48	43	55
Cerebral Hæmorrhage	...	...	...	...	27	30	28
Pneumonia	...	...	...	...	30	24	26
Bronchitis	...	...	...	...	25	19	25
Pulmonary Tuberculosis	...	...	...	...	19	20	16
Influenza	...	...	...	...	8	5	22
Other Respiratory Diseases	...	...	...	...	10	8	9
Prematurity and Debility	...	...	...	...	11	22	17
Diseases of Kidneys	...	...	...	...	7	12	15
Arterio Sclerosis	...	...	...	...	13	9	16
Deaths from Violence and Suicide	...	...	...	...	15	11	25
Measles	...	...	...	...	5	—	4
Miscellaneous causes	...	...	...	...	73	80	84
TOTAL DEATHS					367	360	426
DEATH RATE					11.5	11.2	13.2

The epidemic of mild Influenza in the early part of the year accounts for the increased number of deaths from that disease.

With regard to deaths from Violence and Suicide, of which 20 were due to violence and 5 to Suicide, this is the largest number of deaths from these combined causes on record.

Analysis of the individual causes of the 20 deaths from violence shows that 7 occurred in connection with motors, 2 with railway trains, and 2 from accidental drowning, the remaining 9 deaths being attributable to various accidents in connection with ordinary occupations.

Cancer too has claimed more victims than has ever previously been recorded in Shrewsbury, although the sudden small leap is not to be regarded as phenomenal, but the tendency is towards a gradual increase from this cause of death as revealed by a scrutiny of the records of recent years.

The average annual number of deaths from Cancer recorded during the past eighteen years is 39.

During the year under review there were 55 deaths.

On the other hand it is some consolation to note that deaths from Pulmonary Tuberculosis are gradually decreasing. The average annual number of deaths from this cause during the past eighteen years is 27. During the year under review there were 16 deaths.

It is also satisfactory to report that deaths from other Infectious diseases are few in number and this statement can best be grasped by being displayed in tabular form for the past three years.

DISEASE.	NUMBER OF DEATHS.		
	1925	1926	1927
Typhoid fever	—	—	—
Smallpox	—	—	—
Scarlet fever	1	—	—
Diphtheria	3	1	1
Measles	5	—	4
Whooping Cough ...	—	2	—

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1927.

[illegible]

INFANT MORTALITY.

There were 26 deaths of infants under one year of age, 14 being male infants and 12 female.

Of these deaths 2 were illegitimate children.

The Infantile mortality rate per 1,000 live births is 43, compared with 63 last year and is the lowest Infant mortality rate ever recorded in Shrewsbury.

The death rate among illegitimate infants was 52.6 per 1,000 births, compared with a rate of 42.8 for legitimate infants.

The following table compares the Infant Mortality rate of Shrewsbury with the rest of the Country.

England and Wales	...	...	...	...	69
107 Great Towns (including London)	...				71
155 Smaller Towns (Population 20,000—					
50,000)	...	...	...	...	68
London	...	...	...	...	59
SHREWSBURY	...	...	...	...	43

The causes of death of these 26 infant deaths once more clearly demonstrates the direction in which future efforts should be made.

No less than 17 out of 26 died from congenital causes and slightly over 50% of the total infant deaths occurred within the neo-natal period which is the first four weeks of life.

Of the individual congenital causes, death was due to Prematurity in 10 of the 17 cases.

As has been remarked on previous occasions, this wastage of Infant life will not be reduced until women learn to appreciate the value of ante-natal care of their own health.

Infant Mortality during the Year 1927.

Net Deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH.		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Congenital Causes	No.										
	17	Spina Bifida ...	—	—	—	—	—	1	—	—	1
		Premature Birth ...	8	1	1	10	—	—	—	—	10
		Marasmus ...	—	—	—	—	2	—	—	—	2
		Congenital Heart Disease ...	1	—	—	1	—	—	—	—	1
		Asphyxia Pallida ...	1	—	—	1	—	—	—	—	1
		Inanition ...	1	—	—	1	—	—	—	—	1
Miscellaneous	3	Icterus Neonatorum ...	—	1	—	1	—	—	—	—	1
		Alveolar Abscess ...	—	—	—	—	1	—	—	—	1
		Orbital Abscess... ...	—	—	—	—	1	—	—	—	1
Respiratory	3	Cancrum Oris ...	—	—	—	—	—	—	—	1	1
		Broncho Pneumonia ...	—	—	—	—	—	—	1	1	2
Gastro-Intestinal	2	Influenzal Pneumonia ...	—	—	—	—	—	—	—	1	1
		Gastro-enteritis ...	—	—	—	—	—	1	—	1	2
Infectious Diseases	1	Measles	—	—	—	—	—	—	—	1	1
Totals	26		11	2	1	14	4	2	1	5	26

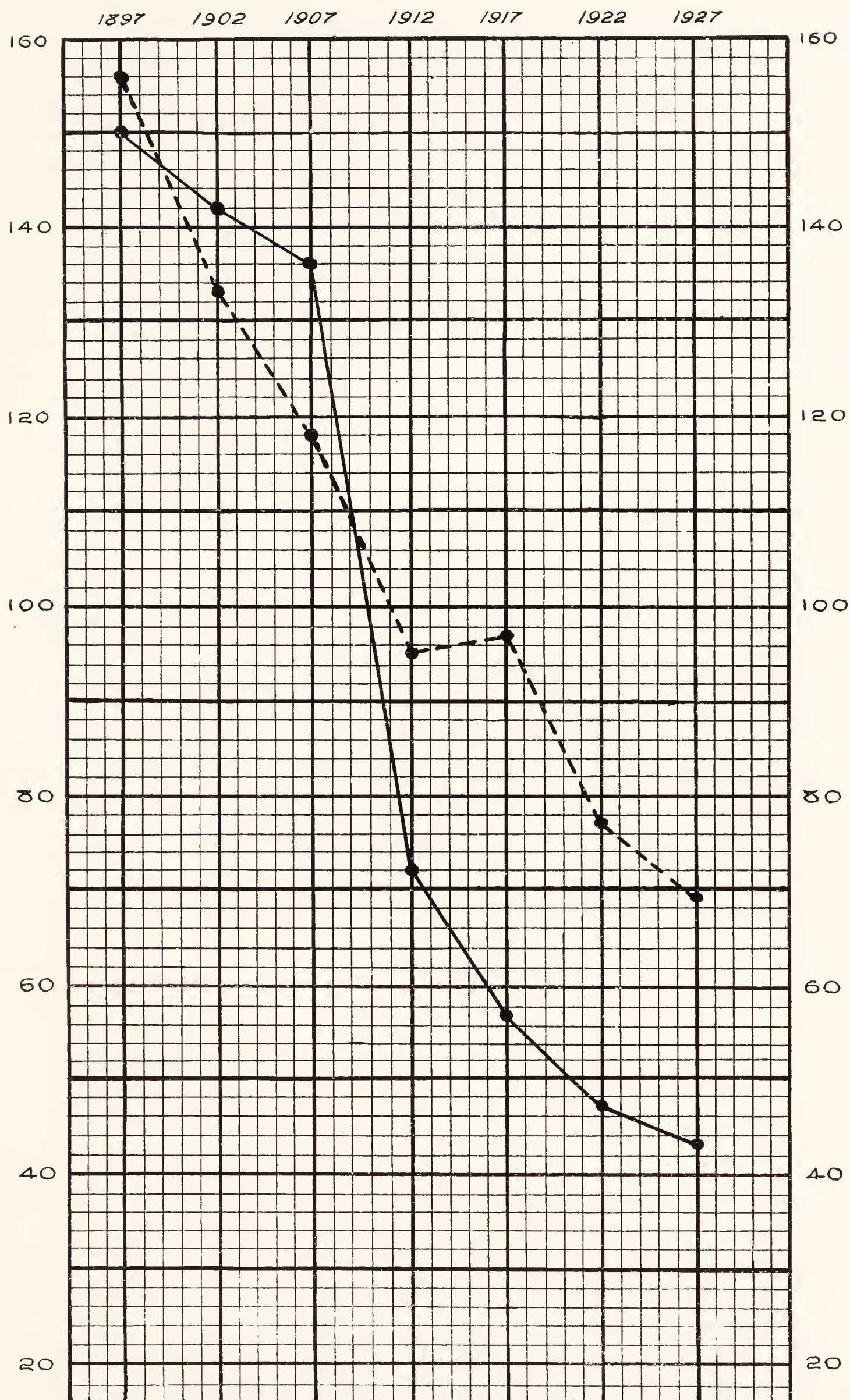
GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals provided or subsidised by the Borough or County Council.

Fever. Monkmoor Isolation Hospital with accommodation for 33 beds is maintained by the Shrewsbury and Atcham Joint Hospital Board to serve an area the population of which is approximately 54,000. The hospital is situated 2 miles from Shrewsbury on a site of over 5 acres, which would allow room for expansion. The accommodation is sufficient for ordinary purposes, but insufficient should a serious epidemic arrive.

INFANT MORTALITY RATES

at five yearly intervals from 1897—1927.



England & Wales -----

Shrewsbury —————



Smallpox. A smallpox hospital containing 6 beds is maintained by the Borough Council at the end of the Underdale Road, Shrewsbury.

In view of the degree of unprotectedness of the population against Smallpox, the accommodation would be insufficient to deal with an outbreak of any size. Tentative arrangements, however, have been made to utilise the Isolation Hospital at Monkmoor should the necessity arise. The situation of the hospital is also unsatisfactory, seeing that, among other things, a public footpath adjoins the boundary fence on one side, which is less than 40 feet from one of the wards. Owing to recent housing developments there is approximately a population of 123 within a radius of $\frac{1}{4}$ mile, and 4,292 within a radius of $\frac{1}{2}$ mile of the hospital respectively.

Tuberculosis. The County Council provide two Sanatoria situated at Prees Heath and at Shirlett, near Much Wenlock, with 11 and 62 beds respectively to which Borough cases are admitted. These Sanatoria are each about fifteen miles distant from Shrewsbury.

Hospital provision for cases of Surgical Tuberculosis is made by the County Council, who maintain beds at the Shropshire Orthopædic Hospital, Park Hall, Oswestry.

Maternity. An arrangement has been made with the Atcham Board of Guardians for the admission to the maternity wards at Berrington Hospital $4\frac{1}{2}$ miles from Shrewsbury, of cases recommended by the Medical Officer of Health.

Patients for whom a bed has been reserved can by telephoning free of charge from the Borough Police Station, at any hour of the day or night, be transported from their home to the Hospital by motor ambulance.

Children. There is no institution for sick or ailing children provided or subsidised by local authorities in the Borough.

Institutional. **The Shrewsbury (and Shropshire) Refuge and Hostel** is an Institution containing 10 beds maintained by voluntary subscriptions and grants.

Un-married mothers with their babies are admitted from Shrewsbury and elsewhere, some payment being made by those admitted, except in special cases who are received free of charge.

The period of stay varies from one week to one year, mothers with babies, usually remaining for at least 6 months.

Homeless children are received in one of the Poor Law Homes, three of which are situated in the town.

Ambulance Facilities. A motor ambulance belonging to the Salop County Council is hired for the transport of infectious cases to the Isolation Hospital.

The same ambulance is used for non-infectious or accident cases.

A horse drawn ambulance, the property of the Joint Hospital Board is used occasionally for infectious cases, when the motor ambulance is not available.

The horse ambulance is retained also for the transport of Smallpox cases.

Clinics and Treatment Centres.

Name of Clinic.	Place at which held.	Day and Time.	By whom provided.
Maternity & Child Welfare Centre.	74, Wyle Cop, Shrewsbury.	Thurs. and Friday 2—4 p.m.	Borough Council.
Ante-Natal Clinic.	Do.	1st & 3rd Wednesdays 3-5 p.m.	„ „
School Clinic.	Do.	Daily (Saturdays excepted) 9.15 a.m.	„ „
Cripple Care Centre.	C.A.W.G. Hall, St. Julian's Friars, Shrewsbury.	Wednesday, 10 a.m.	Shropshire Orthopaedic Hospital.
Tuberculosis Dispensary.	17, Belmont, Shrewsbury.	Wednesdays and Saturdays 2 p.m.	Salop County Council.
Venereal Disease Clinic.	1, Belmont, Shrewsbury.	Wednesdays for women 2—4 p.m. Tuesdays and Fridays for men 6—8 p.m.	„ „

Professional Nursing in the Home.

(a) GENERAL: The local branch of the Victoria District Nursing Association carries out nearly the whole of the professional nursing amongst the working classes, 2 nurses being employed.

(b) FOR INFECTIOUS DISEASES, e.g. MEASLES, etc.:— Work of this nature is carried out by the two Health Visitors and the School Nurse, if and when occasions arise.

Midwives. The Salop County Council is the supervising authority of midwives, 25 of whom are resident and practice within the Borough. None are employed or subsidized by the Borough Council.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. The dual system of water supply consisting of drinking water supplied by means of self closing water pillars in the streets, and treated river water laid on in the houses for domestic purposes, has given no anxiety as regards quantity or quality of supply during the year.

For the purpose of information and control monthly simple bacteriological examinations of both waters are carried out in the Borough Laboratories.

At the beginning of the year it was decided, in addition, to have a comprehensive bacteriological examination made at the University of Birmingham Laboratories, of the river water quarterly and the drinking water once or twice a year.

It might seem strange that more attention should be paid to water intended for domestic purposes, than to the drinking water supply.

The reasons for this course of action are two-fold.

Firstly, the drinking water is an extremely pure spring water obtained from a well, which is not liable to contamination or pollution, and moreover the monthly examinations which are invariably satisfactory would reveal any untoward deviation from the normal.

Secondly, it is known that the treated river water is drunk by a few, as delivered from the tap, and by many, after boiling, for the preparation of tea or other beverages; in addition, the mechanical filtration and chlorination plants may fail in some respect at some time or another, though no breakdown has been reported so far.

The results of these bacteriological examinations set out below show that filtration alone does not remove traces of sewage pollution, and that the chlorination process is necessary and efficient, so that at present if the water is intentionally or inadvertently drunk, it is safe.

Bacteriological Analysis of River Water.

	January, 1927.		May, 1927.		September, 1927.		December, 1927.	
	After Filtration.	After Filtration and Chlorination.	After Filtration.	After Filtration and Chlorination.	After Filtration.	After Filtration and Chlorination.	After Filtration.	After Filtration and Chlorination.
Organism per c.c. at 37° C.	126	7	143	0	118	6	185	1
Organisms per c.c. at 20° C.	827	8	160	0	81	4	367	2
Organisms indicative of Sewage contamination.	B. Coli in 1 c.c. Spores in 100 c.c. No streptococci in 100 c.c.	Absent from 100 c.c.	B. Coli in 10 c.c. Spores in 100 c.c. No Streptococci in 100 c.c.	Absent from 100 c.c.	B. Coli in 1 c.c. and upwards.	Absent from 100 c.c.	B. Coli present in 1 c.c.	Absent from 100 c.c.
Remarks,	"Chlorination process is necessary and efficient."		"The Filtration has not entirely removed the traces of sewage contamination."					

The sample of drinking water submitted to an identical analysis gives a result demonstrating its purity in that it was practically free of micro-organisms and contained none that are indicative of sewage contamination.

Bacteriological Analysis of Drinking Water.

Organisms per c.c. at 37° C.	...	1
Organisms per c.c. at 20° C.	...	2
Organisms indicative of sewage contamination	...	Absent from 100 c.c.

Drainage and Sewerage and Closet Accommodation.

There is practically a complete system of water carriage sewage disposal in the Borough.

Seven houses at Mount Pleasant and 3 houses in Underdale Road are provided with dry earth closets.

In addition there are 15 houses in Underdale Road with a small septic tank and filter bed scheme, and 15 houses in Reabrook Avenue and one off Longden Road with separate cesspools, owing to the fact that it is impracticable to connect up these houses to the general sewerage system.

A small length of new sewer has been laid in Woodfield Road during the year.

Scavenging. This branch of sanitary service was commented upon somewhat fully in last year's report, but as the general public still erroneously consider that health is or may be seriously affected by inadequate or careless methods of scavenging, it is worth while looking at the whole matter from a scientific point of view.

In mediæval times when human excrements were cast from the bedroom windows on to the badly paved streets below, disease and death, which were regarded as visitations from on high, were rampant.

Cleanliness which at that time was almost an unknown word, has now become a rooted habit of the people, and the evolution of this national characteristic has been accompanied by a marked decrease in those pestilences and diseases which were brought about by communal and personal uncleanness.

When the science of bacteriology came into existence, it was shown that particular micro-organisms or germs were associated with certain forms of filth, and that it was a conflict between the human host and the invading parasite which had gained access to the host, that constituted what is termed for convenience of expression a disease.

The public thus having gained a little insight into the causation of certain diseases, and the spirit of cleanliness having been encouraged quite rightly by the medical profession and social reformers, all forms of dirt are now regarded as potential sources of such diseases as Scarlet fever, Diphtheria, and so on.

But generalisations such as this are not always accurate and it will soon come to be realised that there is such a thing as "clean dirt" and that the ubiquitous germ is not always an enemy.

And so, a certain amount of balance as well as knowledge is required in order to allay undue fears, and **to concentrate on those sources of dirt or contamination which are really dangerous.**

For illustration purposes, it may be useful to consider dirt or dust with the associated germ life, in three situations, in order to compare the relative danger or injuriousness to health, and to give a clearer idea of the subject, and the situations chosen as illustrations are (1) the dust cart, (2) the street, (3) the schoolroom.

The Dust Cart. Probably 70% of the contents of an ordinary dust cart are composed of ashes which have recently been red hot and harbour no germ life.

Other articles include, paper, tins, bottles, cardboard, straw, old iron, potato peelings and tea leaves. Apart from an insignificant number of dangerous germs which may have become associated with any of the above articles through being handled by a human being, there may be other forms of bacterial life which are perfectly harmless. But in any case, this medium in which germ life may be found, is not one that will favour the growth and multiplication of those germs.

The dust from a dust cart is a nuisance, but if blown on to passers by, it is not necessarily a danger to their health.

Dustmen do not contract innumerable diseases and are no less healthy than other members of the community.

The Street. The dirt and dust of streets is composed of fine particles of mineral matter derived from the wear and tear of roads by the traffic passing over them. In addition and in Shrewsbury particularly there is always a considerable amount of animal dung which dries and disseminates. There are also human expectorations. Such sources of contamination contain dangerous germs from the bowel and lung tracts of animals and human beings, amongst which germs the Tubercle bacillus in cow dung or from a human consumptive may be present.

But, consideration must be given to the fact that cold air and sunlight are operating to kill these dangerous germs, and rain helps to wash them away, so that few instead of many are inhaled by pedestrians, or settle on food exposed for sale in an unprotected manner.

The Schoolroom. Here the situation is different. You have a shut in building with an atmosphere warmed up to a temperature approaching that which is favourable to the continued existence

of germ life ; this building is glazed with window glass which impedes the passage of those rays of sunlight which have germ killing properties, and you have a massed gathering of persons harbouring and exhaling at different times, those particular germs which bring about Scarlet fever, Diphtheria, Pneumonia, Tonsillitis, Whooping Cough, Tuberculosis, Influenza and other infectious diseases.

But here again, these disease producing germs, once they have left their human breeding grounds, do not survive for long, and only affect a susceptible victim if inhaled in sufficient or repeated doses.

However, the lesson to be learned is that a schoolroom is more likely to harbour infection than the street, and the street than the dust cart.

And if the question arose as to which form of municipal service it was more desirable to expend money on, from the **health** point of view, the answer would be on street washing and cleansing in preference to dust carts.

Under the present conditions of environment, whereby human sewage is divorced from the dust cart and the streets, which are properly paved, it may be stated that any complaints that are made amount to a nuisance rather than injuriousness to health and that a new service of dust collection is not so much a pressing necessity as a desirable reform, because it would give an impression of greater cleanliness.

Municipal cleanliness is an example that should be set, to foster domestic and personal cleanliness, because this is a habit which if encouraged in one direction, leads to its adoption in other directions, and benefits the health of individuals as well as the whole community.

Refuse Disposal. The Corporation refuse tips, owing to the appointment of a Supervisor have been kept in such a manner that complaints have almost ceased.

Each day's tipping is now levelled and covered with soil so that smells are minimised, and flies and rats have less chance of settling down and breeding.

Poison baits for rats are laid continuously, and the scheme whereby potential food for rats is burnt in Corporation furnaces, instead of being tipped, continues to work well.

Sanitary Inspection of the Area.

The following is a summary of the work carried out by the Sanitary Inspectors during the year :—

1. Total number of inspections and visits made in connection with all branches of their work	...	9,414
2. Houses disinfected	...	136
3. Complaints received and dealt with	...	199
4. Informal Notices served	...	287
5. Legal notices served	...	21
6. Number of notices complied with	...	260
7. Proceedings before Magistrates	...	2

A tabulation of the particulars of the sanitary defects referred to in the above notices is as follows :—

Details of Sanitary Defects dealt with as a result of routine Inspection or Complaint.

Inadequate sanitary accommodation	...	8
Drains and closets choked or otherwise defective	...	224
Drains defective and requiring reconstruction	...	57
Defective roofs, eaves, gutters and pipes	...	359
„ plaster, dirty walls and ceilings	...	155
„ paving of floors	...	132
„ „ „ yards	...	100
No scullery sinks	...	27
No proper refuse receptacles	...	25
Animals improperly kept	...	2
Accumulations of refuse	...	16
River pollution	...	1
No food pantries	...	125
Light and ventilation	...	28
Defective water supply	...	10
Other defects	...	150
Total		1419

The activities of the Sanitary Inspectors in pursuance of the policy of the Health Committee, decided on in 1926, have been in the direction of concentrating on small remediable defects which can be put right without much delay or expense, in preference to special inspections or district surveys.

SANITARY INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

1. Factories, Workshops and Workplaces, etc.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries)	34	5	Nil.
WORKSHOPS (including Workshop Laundries)	60	14	Nil.
WORKPLACES	21	—	Nil.
Total	115	19	Nil.

2. Defects found in Factories, Workshops and Workplaces.

PARTICULARS.	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
Nuisances under the Public Health Acts :—				
Want of Cleanliness	5	5	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	2	2	—	—
Other Nuisances	3	3	—	—
Sanitary Accommodation { insufficient	—	—	—	—
{ unsuitable or				
{ defective	2	2	—	—
{ not separate for				
{ sexes	—	—	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground Bake- house (Sec. 101)	—	—	—	—
Breach of Special Sanitary requirements for Bakehouses (Secs. 97—100)	9	9	—	—
Other Offences	—	—	—	—
Total ...	21	21	—	—

3. Home Work.

OUTWORKERS' LISTS, Sec. 107.

Nature of Work.	Lists. (Sent twice a year).	Outworkers.	
		Contrac- tors.	Work- men.
Wearing apparel :—			
(1) Making	5	—	10
(2) Cleaning and washing ...	—	—	—
Nets other than wire nets ...	—	—	—
Furniture and upholstery	2	—	2
Total ...	7	—	12

There were no failures to send lists of outworkers, nor were there any infringements of the Act.

4. The Registered Workshops in the District are as follows :—

Bakehouses	9	Domestic Workshops ...	25
Brewers	5	Milliners	9
Cabinet Makers	7	Sundry Trades	93
Dressmakers	10	Tailors	15

5. Other Matters.

Class.	Number.
Matters Notified to H.M. Inspector of Factories ...	—
Failure to fix Abstract of the Factory and Workshop Act (Sec. 133)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (Sec.5) {	Notified by H.M. Inspector 3
Underground Bakehouses (Sec. 101) :—	Reports (of action taken) sent to H.M. Inspector —
Certificates granted during the year	nil.
In use at the end of the year	nil.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Common Lodging Houses. The two registered Common Lodging Houses in the Borough, controlled by Bye-laws and kept under constant supervision were properly conducted during the year.

Houses Let in Lodgings. With a possible approaching easement of the state of overcrowding and housing shortage in the town, the question of the framing and adoption of bye-laws applicable to Houses let in lodgings, should receive consideration.

The objections made in the past to such bye-laws, can be removed, if bye-laws similar to those adopted recently by a certain Local Authority and confirmed by the Minister of Health are brought into force. The effect of the new bye-laws adopted by the above mentioned Local Authority can be realised from the following quotation.

“ The new bye-laws have made a very important amendment in the definition of a “ house let in lodgings.”

Hitherto, any house which was occupied by members of more than one family of the working classes came within the scope of the bye-laws, but under the new code a house will not be regarded as let in lodgings if the tenant resides in the premises and not more than two persons in addition to the tenant and his family lodge therein.

In other words, a tenant renting the whole house can accept two lodgers without the dwelling becoming subject to the bye-laws. Further the Minister of Health, in his Certificate of Confirmation of the bye-laws, added a rider that they should not apply to any house in which the tenant resides and not more than one family is lodged. This Certificate of Confirmation excludes from the category of a house let in lodgings a dwelling which has been let wholly to one tenant who has sub-let one or more rooms to not more than one family. This exception does not apply to a house in which the **owner** lets part to one family and part to another.”

Offensive Trades. Six different types of offensive trade are carried on in the Borough, and the following number of premises in the different trades are registered.

Fried Fish Shops	...	16	Fellmongers	...	...	1
Rag and Bone Dealers		3	Tanners	...	...	1
Tripe Boilers and Gut			Curriers and Leather			
Scrapers		2	Dressers			1

All these businesses were conducted satisfactorily and no need for action arose during the year.

Cowkeepers and Milksellers. The number of Cowkeepers and Milksellers registered in the Borough is 96.

These consist of 29 premises where cows are kept and from which milk is retailed ; 27 milkshops from which milk is retailed but no cows kept, and 40 retailers whose premises are outside the Borough.

Particular attention has been paid throughout the year to those premises where milk is produced, to see that there is proper compliance with the Milk and Dairies Order.

No gross infringements of the Order have been encountered, and the milk producers are now conducting their business in an improved manner.

The inspections of cowsheds, premises and shops from which milk is produced or retailed are summarised in the accompanying table :—

Number of Inspections	...	...	113
Notices, verbal and written		...	32
Defects referred to	...	...	44
Notices complied with	...	...	25
Proceedings before Magistrates		...	Nil.

Canal Boats. No boats are registered in the Borough and none was inspected.

Shops Acts. The provisions of these Acts may be said to be generally very well observed in the Borough.

Rag Flock Act. The provisions of this Act were properly observed throughout the year.

HOUSING.

The interesting and important problem of Housing, despite the progress made in recent years continues to demand serious attention.

It is proposed to report on and consider this question under the following five headings (1) Building progress during the year, (2) Future needs, (3) Re-housing and closures, (4) Management of Corporation Housing Estates, (5) Sites for future schemes.

Building Progress during 1927.

The total number of houses erected during the year was 226 made up as follows :

By the Local Authority	}	With State Assistance	103
By other bodies or persons	}	under the Housing Acts	68
By Private Enterprise	...	...	55
			Total ... 226

The total number of houses that have been erected by the Corporation from the end of the war up to the end of 1927 is 527.

Future Needs.

In order to obtain up to date information as to the actual number of unfit houses in the Borough a survey for this purpose was made in the early part of the year.

The system adopted was to classify such houses in different groups according to their respective conditions, and, in order to grade those of the houses which were unfit for human habitation and required to be closed they were split into 2 groups (a) those in need of urgent closure, (b) those in need of closure.

The result of this survey is set out as follows :

CLASS.	DESCRIPTION OF HOUSE.	NUMBER OF HOUSES.
1 A.	In need of Urgent Closure.	81
1 B.	In need of Closure.	195
2.	Borderline.	145
3.	Repairable	34
4.	Obstructive.	6

*21 have been closed during the year, leaving a total of 255 remaining.

It will be seen that of the 461 houses surveyed, it was considered that 276 ought to be closed, of which number 81 were so bad that they ought to be dealt with first.

The Borderline houses were those, using the same standard of assessment, that were not sufficiently unfit for habitation to warrant absolute condemnation, but unless kept in a proper state of repair will soon become unfit houses.

The Repairable houses, were those in which delapidation was so considerable and general that, great expense would be entailed in order to remedy all the defects, and in many cases, the process of repair would necessitate the temporary vacation of the premises by the tenants.

The Obstructive houses are those which are not necessarily unfit in themselves, but they are so situated that they impede the access of light and air to adjacent houses, and if demolished would improve the surrounding property.

With this knowledge of the unfit houses in the town some guidance was available as to which houses should receive priority as regards closure and also as to amount of provision of new houses required.

At the end of 1919 a hurried housing survey was made and it was estimated that 550 new houses were required on the following basis.

To meet increase of population during the war years 250.

To replace houses unfit for human habitation 300 houses or a total of 550 houses.

This estimate did not allow for overcrowding or for families in apartments. If it had done so the estimate would probably have been increased by another 350 houses, making a grand total of 900 houses.

Coming to the period between the commencement of building and the end of the year 1927 it is found that approximately 1000 new houses have been erected by the Local Authority or other bodies or persons.

How is it that this supply has not met the present demand, seeing that at present there are approximately 900 applicants for houses

The answer lies in the fact that though this supply has wiped out the equivalent of the war arrears it has not been able to keep pace with current needs for the period (1920—1927).

Hence it is now estimated that at the beginning of 1928 at least 400 new houses are still required, as shown by the following calculations, although the number of applicants is more than double the estimated requirements, which apparent discrepancy will be explained later on.

Demand (1920-1927).	Supply (1920-1927).
Houses required to provide for increase of population 440	Number of houses completed within the period *1000
Houses required to replace houses closed 50	*527 of these erected by Local Authority.
Houses required to replace families already occupying houses, some of which are unfit for habitation 540†	
Houses required to re-house families who are in apartments 360†	†Includes applicants for houses (none without children).
1390	

This summary of the position shows that approximately 400 houses are still required.

The Local Authority have provided 527 of the 550 houses estimated as being required at the end of 1919, but have not been able to deal with the 350 which were needed but not included in that estimate, or the replacement of the 50 houses which have been closed during the last eight years. The majority of the remaining 450 houses erected during the period are houses which have been built for the more well to do people.

Coming therefore to the question as to why 400 houses only would meet the demand of 900 applicants it ought to be borne in mind that the requirement of 400 houses is a **minimum** requirement and that to deal really effectively with the present situation 500 houses would meet the case.

Of the 900 applicants some are already in houses, not all of which are necessarily unfit houses.

It may be stated that of the 540 applicants who are already in houses, 250 are in unfit houses and 200 are in houses that are too small for the size of their families, the remaining 90 also not being satisfied with their standard of living accommodation.

If the 290 in small two bedroom houses were re-housed, it would enable a large number of the 360 applicants living in apartments to move into the vacated houses.

It has been ascertained that of the 360 applicants in apartments, approximately 200 have one child, 90 have 2 children, 40 have 3 children, 12 have 4 children and so on.

It will be seen therefore that the 290 applicants in apartments with one or two children, could move into these small houses and be reasonably comfortable.

So, the situation resolves itself as follows :

Number of houses required to cater for those in					
unfit houses	...	...	...	...	250
Number of houses required to cater for those in					
too small houses	...	...	...	...	200
Number of houses required to cater for those					
with large families in apartments	...	...			50
				Total ...	500

Rehousing and Closures.

Owing to the seizure of opportunities offered by the number of new houses erected by the Corporation at the lowest possible rentals, and the fact that the Housing Committee sympathetically complied with the request of the Public Health Committee to allot to them a certain number of houses for the purpose of accom-

modating families displaced from unfit houses by Closing Orders, it is satisfactory to report that during the year a greater number of slum dwellings were closed, than in any of the previous years since the war.

Altogether 24 houses have been permanently closed during the year, 21 as a result of Closing Orders and 3 voluntarily as a result of negotiations between the owners and the Health department.

A group of 4 houses known as Beeches Lane, Town Walls, has been wiped out, and another group of 4 houses constituting part of Hall's Court, Castle Foregate, will shortly be demolished, and a start has been made to obliterate an unhealthy court known as Reabrook Place by the preliminary closure of 3 houses, the remainder to be dealt with in the near future.

The Housing Committee too enabled the Public Health Committee to carry out in a small way a piece of real preventive work in that 3 Council houses were allotted by them for the rehousing of 3 Tubercular families whose combined clinical and housing conditions was such as to negative any chances of improvement of the sufferers, but to increase the chances of spread of infection to others.

It is to be hoped that a precedent has been created for future activities in this direction.

Management of Corporation Housing Estates.

For various reasons which will be enumerated the time has now come, owing to the increasing size of the different Housing Schemes administered by the Corporation, when a proper system of management of the estates should be instituted.

And it would seem that an effective way of doing so, would be to appoint a Manager, preferably a woman, possessing tact and refinement, whose duty it would be to keep in close touch with the condition of the houses, the interests, requests or complaints of the tenants, and to report on defects, irregularities or breaches of agreement to an appropriate Committee of the Town Council for their necessary action.

As things are at present, the Surveyor's department is engrossed in the work of building progress, the Sanitary Inspectors of the Health department are busily occupied in dealing with the old and deteriorating property in the Town, and the Rent Collector from the Finance department, has little time for duties other than receiving the rent and moreover he has no access to the inside of a house.

And so it is nobody's particular business to keep a constant eye on the property and to gather up all the stray information which, at present, at odd times like April showers, comes and damps the enthusiasm of those interested in Housing, because it is information that is unpalatable, is often inaccurate and based on evil gossip and jealousy, but is occasionally correct and justifiable.

Experience throughout the Country is showing that rapid deterioration can take place in the first year, and that defects due to hasty building should be dealt with promptly to avoid serious expense and trouble later on.

Warped woodwork, sagging doors, fixed sashes, a displaced roof tile, choked gutters, leaking taps, need of internal decoration, or a broken fence, these are some of the small items which would be noticed by an observant person during constant visits to the property, which defects might not be reported to the authorities by the tenants until much greater damage had occurred.

In addition, it should be realised that the provision of a healthy house in healthy surroundings is not the end of a task and a duty that has been undertaken by a Local Authority on health grounds.

Some of those who have been transferred to a new environment from a bad house to a good house, steeped perhaps in careless habits, have been given an opportunity and ought to accept an obligation, but from lack of help, advice or knowledge they simply import into their new sphere the bad habits acquired in the old.

Some slum dwellers are not rehoused for this very reason, but on **health** grounds apart from the moral aspect, everyone should be given a chance, there should be no selecting of suitable tenants and discarding of unsuitable ones, and this desirable object can be accomplished and give good results if there is someone available to teach and educate, to drop a hint here, to give a word of encouragement there, and to inculcate self respect and cleanly habits by tactful persuasion and help.

A woman House Manager as previously suggested is what is required. Preferably she should be closely associated with the Health Department, because during her house to house interviews it is the wife of the household she meets, and therefore she could be invited within without impropriety, could take an interest in the children and so obtain a confidence on all those little but important matters affecting the health and welfare of the whole household.

In the course of time she would become the welcome friend and not the prying Inspector, she would be the means of preventing avoidable expense in repairs, and she would improve the standard of health by teaching people to live more wholesomely and hence more happily.

Complaints that have been made during the year have come chiefly from the Sultan Road Housing Estate. The expense of the gas boilers installed in the houses there was commented on, but investigation showed that ignorance and wastefulness were the causes of the high expenditure by certain tenants.

Here, our House Manager could have given instruction as to the economical use of gas—that water warmed up beforehand on the fire or a bucket placed in the oven could, at times, be placed in the boiler instead of heating up from cold, that an open door blows the gas flame away and dissipates heat, and that the water may have been boiling for some time whilst the would be washer was talking over the fence.

But, another complaint is justifiable, and on the grounds of health and cleanliness as well as decency ought to be remedied. In a few of the houses the bath is situated in the scullery with no partition to screen off the bather from those who are working in the scullery or who pass through the scullery in order to go outside. Ingenuity no doubt could be used to erect a rod and curtain, but a needed improvement such as this is more the duty of the owner than the tenant.

Sites for Future Schemes.

Up to the present the erection of new houses for the working classes has proceeded apace, without much difficulty as to sites, but the time is now approaching when available land that is conveniently central is becoming scarce.

Plans have been projected by some for the utilisation as a new housing site of an area of land now under cultivation as allotments in the Castle Fields district.

This would be a great mistake, not only because it would rob many householders of a healthy form of exercise and enjoyment close to their own homes, but would also increase the congestion of a district that is low lying and not particularly beautiful as it is.

If anything is ever contemplated with regard to this particular site, it should be converted into a park or playing fields for the inhabitants of that district.

As a Town Planning Scheme will shortly have to be introduced, the question of future housing sites will receive due consideration.

The factor in Town Planning known as "Zoning" will no doubt assume importance, so that areas which are allocated for industrial purposes, will be so situated that any smoke from factories erected thereon will be diffused away from the living quarters by the prevailing winds.

Fortunately, industries that have recently sprung up on the boundaries of the Borough are situated so that the smoke from their chimneys, more often than not is blown away from Shrewsbury.

But with the advent of the electrical era, and the revival of rural industries and occupations, the smoke nuisance will lessen and perhaps disappear.

There is room for building sites in that part of the town contiguous to the General Cemetery, and though a certain portion of the land is ear marked for future extensions of the burial ground, no further land ought to be purchased for this purpose, without deliberate consideration.

Public opinion is not as yet ripe for the general acceptance of the idea of cremation, but it will come to be regarded as a more sanitary, safe and sensible method of disposal of the dead than the present method. A Crematorium established in Shrewsbury, occupying a small space and paying for its own upkeep, would serve the town as well as the County.

HOUSING STATISTICS FOR THE YEAR 1927.

Number of new houses erected during the year :—

(a) Total (including numbers given under (b) ...	226.
(b) With state assistance under the Housing Acts :—	
(i) By the Local Authority	103
(ii) By other bodies or persons	68.

1. Unfit dwelling houses.

INSPECTION. (1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ...	670.
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations 1910, or the Housing Consolidated Regulations 1925	Nil.
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	560.

2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	448.
--	------

3. Action Under Statutory Powers.

A. Proceedings under Sec. 3 of the Housing Act 1925.

(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil.
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	Nil.
(b) By Local Authority in default of owners	Nil.
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil.

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	22
(2) Number of dwelling houses in which notices were remedied after service of formal notices :	
(a) By owners	22
(b) By Local Authority in default of owners	Nil.

C. Proceedings under sections 11, 14 and 15, of the Housing Act 1925.

(1) Number of representations made with a view to the making of Closing Orders	21
(2) Number of dwelling houses in respect of which Closing Orders were made	21
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling house having been rendered fit ...	Nil.
(4) Number of dwelling houses in respect of which Demolition Orders were made ...	Nil.
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	Nil.

INSPECTION and SUPERVISION of FOOD.

Milk Supply. Compared with the past, there is a marked improvement in the quality of milk now supplied in the Town.

The evidence for this statement is based on the fact that prosecutions for adulteration are considerably less than formerly, and that the greater care taken in the production of milk, which is being fostered by the gradual education of farmers, milkers and dairymen, coupled with constant supervision, is resulting in less dirt being found in the various samples that are taken.

But the "dirt" that is dangerous is not always visible to the naked eye. Owing to the prevalent practice of straining through a cloth, insoluble dirt such as hairs, straw, hay and small clots of dried dung are removed, but soluble dirt which includes those micro-organisms associated with dung and at times the *Bacillus* of Tuberculosis, pass through the straining cloth and are only detectable by the microscope.

The lesson that has to be taught is that if by clean and careful methods these various types of dirt are not allowed to gain access to the milk in the course of milking, straining will be unnecessary.

With this object in view visits are paid to cowsheds in the Borough to see that the various provisions of the Milk and Dairies Order 1926 are being carried out and to demonstrate by means of a sediment tester as to the results obtained in individual farms and by individual milkers on those farms.

The farmer is thus shown that though he may be trying to take every precaution, his whole milk supply may be contaminated by the carelessness of one individual milker.

There is no evidence as to the amount of milk containing Tubercle bacilli, that is consumed because no special analyses are undertaken for their detection.

Three cattle have been destroyed under the Tuberculosis Order.

As a result of the Milk and Dairies Order 1926, all premises where milk is produced or retailed were thoroughly inspected during the year.

Milk (Special Designations) Order 1923. No licences for the sale of milk under special designations have been issued, but it is satisfactory to report that during the year both Grade A Tuberculin tested milk and Grade A milk produced by different producers, who have obtained licences elsewhere, have been on sale in the town.

In addition there has been an increase in the amount of bottled but not graded milk on sale.

Analyses to determine the chemical standard and cleanliness of the milk supplied in the town were carried out on 46 samples, 39 of which were formal samples and 7 informal.

Of the formal samples 3 were reported as not genuine, and of the informal 2 were not genuine.

Proceedings were instituted against a vendor whose milk contained 8% of added water, a fine of £2 including costs being imposed.

The action taken in regard to the other samples which were found to be not genuine is given in the table at the end of this section of the Report.

Meat. With the exception of two small private slaughterhouses all slaughtering is carried on at the Public Abattoir under the direct supervision of the whole time superintendent who is a qualified Meat Inspector and inspects all slaughtered animals.

The work carried out at the Abattoir during the year was as follows :—

Public Abattoir.

Animals slaughtered.

Beasts	...	...	...	2,777
Calves	...	...	...	1,314
Sheep and lambs			...	14,511
Pigs	...	...	...	6,473
Total				25,075

The following casualty carcasses were also brought in for inspection.

Beasts	...	...	...	36
Calves	...	...	...	16
Sheep and lambs	...	...	...	128
Pigs	...	...	...	125
Total				305

Diseased and unsound conditions found in the animals dealt with, caused the detention and surrender for destruction of a total weight in carcasses and offal of 9 tons 15 cwts. 2 qrs. 12 lbs., details of which are given in the following table.

				Carcases.	Offals.	Totals in lbs.
Beef	...	...	lbs.	6942	3355	10297
Veal	...	...	„	457	72	529
Mutton and lamb			„	2239	504	2743
Pork	...	...	„	6767	1572	8339
Private slaughterhouses :				Carcases.	Offal.	
	Beef	...	...	30 lbs.	49 lbs.	

Particulars of the diseased conditions found are set out in the following table :—

Disease.			Cattle.	Calves.	Sheep & Lambs.	Pigs.
Tuberculosis	Localised	...	29	—	—	120
	Generalised	...	11	—	—	18
Johne's Disease		...	2	—	—	—
Sepsis		...	—	3	11	2
Uræmia		...	—	1	4	—
Septic Mastitis		...	1	—	—	—
Emaciation		...	—	—	6	—
Pyæmia		...	—	—	1	—
Anæmia		...	—	—	3	—
Swine Erysipelas		...	—	—	—	16
Swine fever		...	—	—	—	1
Black Quarter		...	3	1	—	—
Hydræmia		...	—	—	5	—
Jaundice		...	—	—	—	1
Enteritis fever		...	1	—	—	—
Miscellaneous conditions		...	1	1	20	11

Other foods. Shops where food is sold or premises on which food is prepared for sale, as well as the General Market, are visited regularly, and notices drawing attention to defects have been served.

The following foodstuffs were surrendered voluntarily as unfit for human consumption and were destroyed :— $4\frac{3}{4}$ tons of Potatoes, 82 lbs. of Tinned Beef and Tongue, 76 lbs. of Fish and 12 Rabbits.

Sale of Food and Drugs Acts.

Owing to the coming into force of the Public Health Preservatives, etc. in Food) Regulations, an increased number of samples of foodstuffs have been taken during the year, and special analysis made of those foodstuffs which come within the above regulations.

The table shown on next page gives the number of foodstuffs, including milk, submitted for analysis, the result of the analysis and action taken.

Article.	Number of samples.		Result of Analysis.	Remarks.
	Formal.	Informal.		
New Milk	39	7	Formal { 36 genuine. 3 not genuine. Informal { 6 genuine. 2 not genuine.	1. Contained 8% added water. Fined £2 including costs. 2. Low in fat, viz : 2.9%, but not sufficient to justify prosecution. 3. Contained 16% of added water, and 3 parts per 100,000 of moist dirt. Not prosecuted because wholesaler outside Borough who also supplied retailer of No. 1 above, suspected. Re-sampled and found genuine. Outside authority informed about suspected wholesaler. 1. Suspicious of containing 5% added water. Formal sample taken and found genuine. 2. Contained 75 parts per million of formaldehyde. Re-sampled and found genuine.
Butter	6	—	Genuine.	
Cheese	2	1	„	
Coffee	3	1	„	
Self-Raising Flour	3	—	„	
Baking Powder	2	—	„	
Cream	2	8	„	
Lard	2	1	„	
Sausage	4	7	„	1 informal sample contained 7 grains of Boric Acid per lb.
Preserved cream	—	1	„	
Ideal Milk	—	1	„	
Mincemeat	2	2	„	
Iodised Salt	—	1	„	Iodine as Sodium Iodide = 2.5 parts per million. Magnesium Carbonate 0.7%
Dried Apricots	1	1	„	
Dried Prunes	3	1	„	
Brawn	—	1	„	
Pickles	—	1	„	
Sauce	—	1	„	
Lime Juice Cordial	1	1	„	
Totals	70	36		

No action was taken under the Public Health (Dried Milk) Regulations, 1923.

The appended report shows that all samples, with one exception taken under the Public Health (Milk and Cream) Regulations, 1912 and 1917 were genuine.

PUBLIC HEALTH (MILK and CREAM) REGULATIONS, 1912 and 1917.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1927.

I. Milk and Cream not sold as Preserved Cream.

	Number of Samples examined for the presence of a pre- servative.	Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk	47	One contained 75 parts per million of formaldehyde Nil.
Cream	10	

2. Cream sold as Preserved Cream.

(a) Instances in which the samples have been submitted for analysis to ascertain if the statements on the label as to preservative were correct.

(i)	Correct statements made	...	I
(ii)	Statements incorrect		Nil.
			—
	Total	...	I

(iii)	Percentage of preservative found in each sample		0.30 Boric Acid.
	Percentage stated on statutory label		0.40 Boric Acid.

(b) Determinations made of milk fat in cream sold as preserved cream.

(i)	Above 35%		I
(ii)	Below 35%		Nil
			—
	Total	...	I

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed.—None.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.—None.

3. Thickening Substances.

Any evidence of their addition to cream or preserved cream.—None.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Monthly Incidence of Infectious Diseases Notified 1927.
(Not including Tuberculosis).

Month.	Diphtheria.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.		Puerperal Fever.	Puerperal Pyrexia.	Scarlet Fever.
				Prim-ary.	Influ-enzal.			
Jan. ...	—	1	—	—	3	1	—	7
Feb. ...	—	3	—	2	3	—	—	7
March	—	—	—	—	2	—	—	8
April	—	—	1	1	—	—	—	5
May ...	—	1	2	—	—	1	1	10
June ...	—	2	—	—	—	1	—	5
July ...	1	1	—	—	—	—	1	6
Aug. ...	—	—	—	—	—	—	—	2
Sept. ...	1	1	—	—	—	—	—	3
Oct. ...	—	—	—	—	—	—	1	31
Nov. ...	1	—	—	—	—	—	2	16
Dec. ...	1	1	—	—	—	—	2	10
Totals	4	10	3	3	8	3	7	110

There were no cases notified of the following notifiable infectious diseases, Smallpox, Typhoid fever, Acute Poliomyelitis, Cerebro-spinal meningitis, Encephalitis Lethargica, Malaria, Dysentery, Trench fever.

As regards other notifiable infectious diseases, there were no outbreaks in epidemic proportions and no cause for anxiety or special measures.

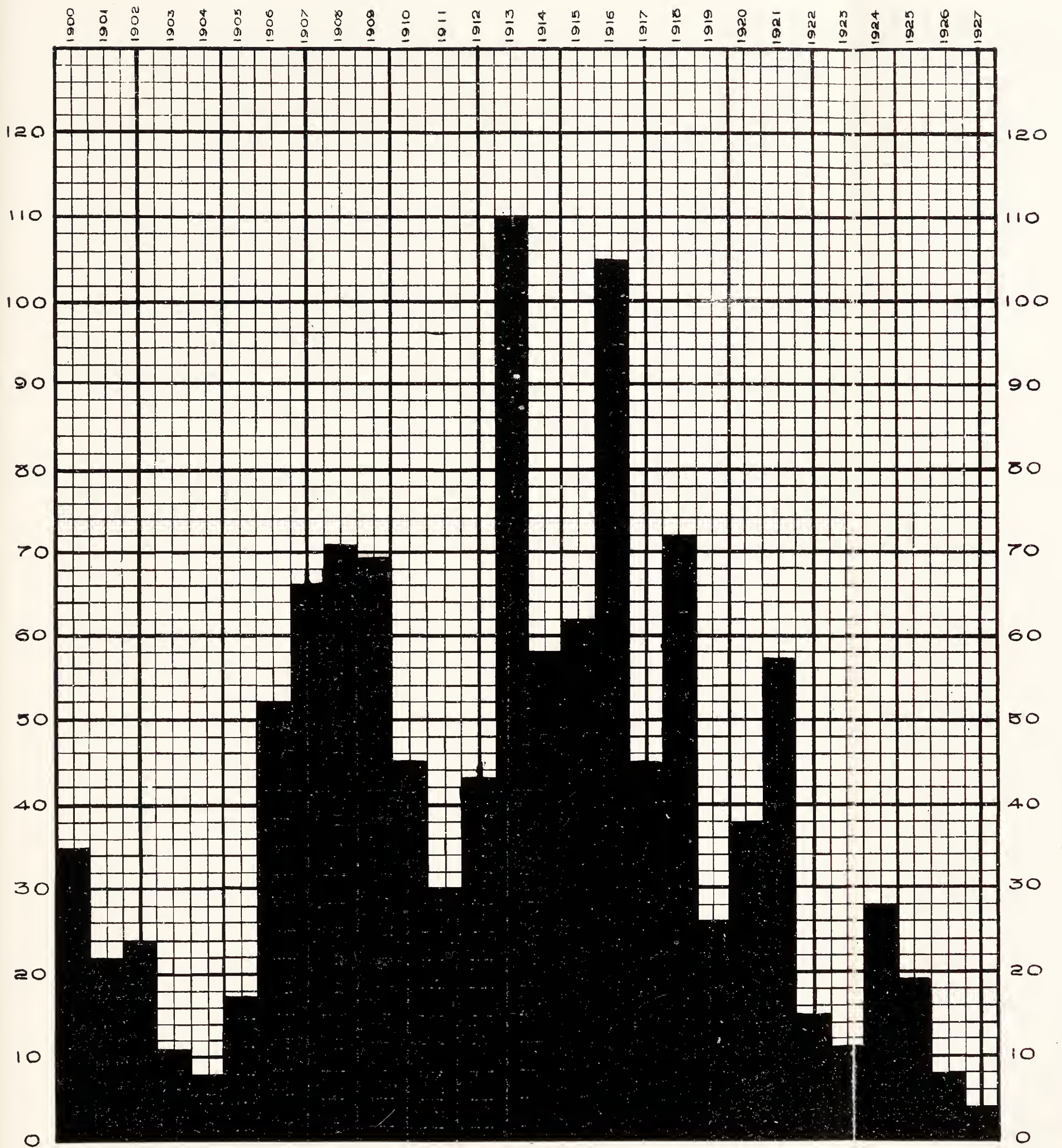
Scarlet Fever was again endemic and mild in type, and there were no deaths from this disease. The number of cases notified was slightly less than the previous year.

Diphtheria was again conspicuous by its comparative absence which is rather disquieting as has been mentioned and commented upon in the report of the School Medical Officer for the year 1927, where it is pointed out that as among a school population of over 4,000 children there have only been 8 cases of Diphtheria in the last 3 years, there must be growing up a group of children who have little immunity against the disease, as cases with their attendant carriers are very few, and at any time the disease if imported may flare up in epidemic proportions.

The accompanying Graphical Chart shows the number of cases of Diphtheria notified each year since 1900 and demonstrates that a rise in the number of cases may be expected though not desired.

The death rates per 1,000 population from the principal infectious diseases are given in the following table for England and Wales, etc., during 1927.

	Typhoid fever.	Small- pox.	Measles.	Scarlet fever.	Whooping Cough.	Diph- theria.	Influ- enza.
England & Wales	0.01	0.00	0.09	0.01	0.09	0.07	0.57
107 County Boroughs	0.01	0.00	0.12	0.01	0.10	0.08	0.49
155 Smaller Towns	0.01	0.00	0.07	0.01	0.08	0.05	0.58
SHREWSBURY	0.00	0.00	0.12	0.00	0.00	0.03	0.68



DIPHTHERIA NOTIFICATIONS,
1900-1927.



NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1927.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.													NUMBER OF DEATHS.													Total Cases removed to Hospital.		
	At all Ages.	At Ages—Years.												At all Ages.	At Ages—Years.														
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	& up-wards,		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	& Up-wards.			
Small-pox ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria...	4	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3
Erysipelas ...	10	...	...	...	...	...	...	...	2	3	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Scarlet Fever ..	110	...	2	2	5	6	54	25	7	3	3	1	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	93
Typhus Fever ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever..	3	...	...	...	...	...	...	...	2	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ..	7	..	...	...	...	...	...	...	4	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Ophthalmia Neonatorum	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Poliomyelitis ..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia, Acute Primary	3	1	...	...	...	...	...	...	...	...	...	1	...	18	2	7	4	...	...	...	...	1	1	3	...	...	...	...	...
Do. Acute Influenzal	8	1	...	...	...	...	...	...	...	...	...	1	6	8	1	...	...	...	...	...	...	...	...	...	6	...	...	...	...
Cerebro-Spinal Fever...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-Encephalitis ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Dysentery ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trench Fever ..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	148	5	2	2	5	7	56	26	7	13	10	7	8	27	3	7	4	...	1	..	...	1	1	3	1	6	...	...	100

NON NOTIFIABLE ACUTE INFECTIOUS DISEASES.

Of the non-notifiable infectious diseases, Influenza and Measles both occurred in epidemic proportions during the year.

The first intimation as to the arrival of Influenza which was prevalent throughout the Country, was received from one of the elementary schools which was first affected, in the eastern quarter of the town, during the first week in February.

It spread rapidly through the town, but its full effect was not felt in the St. Michael's and Ditherington area until several days after its first appearance.

As this disease (1) is highly infectious, (2) has a short incubation period and (3) affects adults as well as children it was decided to close all elementary and Sunday Schools, which was carried out from February 10th to February 21st.

In addition a leaflet containing advice as to the avoidance of infection and precautions necessary, was circulated to every house in the town.

The disease was of a comparatively mild nature, and did not give rise to alarming complications.

Altogether 22 deaths were ascribed to this disease mostly among elderly people.

Measles having been in abeyance during 1926 occurred in epidemic proportions during the autumn months, there being over 600 cases among elementary school children alone. There were 4 deaths from this disease.

German Measles which had been prevalent the previous year, gave rise to only 6 cases in elementary school children, among whom also there were 9 cases of Mumps, 238 of Chickenpox and 33 of Whooping Cough.

Efforts are made to control these non-notifiable infectious diseases among the school population, by exclusion from school to the sufferers and their immediate close contacts, both classes being examined at the School Clinic before being allowed to return to school.

WORK OF THE ISOLATION HOSPITAL.

The Isolation Hospital of the Shrewsbury and Atcham Joint Hospital Board situated in spacious grounds 2 miles from the centre of the town can accommodate 33 patients.

The chief diseases dealt with are Scarlet fever and Diphtheria, but other notifiable and non-notifiable infectious diseases are admitted if accommodation is available.

Patients are received into the hospital from certain localities in the County of Salop, and from the County of Montgomeryshire, as well as the area served by the Joint Board.

During the year a total of 149 cases were admitted, 99 from Shrewsbury, 14 from the Atcham Rural District, 32 from the County of Salop and 4 from Montgomeryshire.

The diseases for which these cases were admitted and the locality from which they were sent is set out in the following table.

	Scarlet fever.	Diphtheria.	Typhoid fever.	Erysipelas.	Measles.	German Measles.
SHREWSBURY	94	4	—	1	—	—
Atcham Rural District	11	1	—	—	2	—
Ellesmere	5	1	1	—	—	—
Wem	1	—	—	—	—	—
Bishop's Castle	2	—	—	—	—	—
Oswestry	1	—	—	—	—	—
Market Drayton	1	—	—	—	—	—
Ludlow	1	—	—	—	—	—
Oakengates	5	—	—	—	—	—
Dawley	4	—	—	—	—	—
Wellington	5	—	—	—	1	—
Newport	—	1	—	—	—	—
Whitchurch	2	—	—	—	—	—
Chirbury	—	—	—	—	—	1
Montgomeryshire	2	1	1	—	—	—
Total	134	8	2	1	3	1

Revised Diagnosis. Of the 149 cases admitted 11 were found to be suffering from conditions other than that for which they were admitted, the revised diagnosis after due observation being as follows :—

REVISED DIAGNOSIS.	CONDITION FOR WHICH ADMITTED.
Vincent's Angina.	Diphtheria.
Secondary Syphilis.	„
Tonsillitis.	„
Urticaria.	Scarlet fever
Doubtful Scarlet fever (6 cases)	„ „
Measles.	German Measles.

It will be seen that majority of admissions was composed of cases of Scarlet fever.

All the cases from Shrewsbury were mild in type without exception, whereas most of the cases from outside districts in the County of Salop were severe, many being of a septic nature.

This does not necessarily imply that the type of disease outside Shrewsbury is markedly different, but that the cases sent in, were picked cases, whose admission was desirable chiefly owing to the serious clinical condition, or to overcrowding in the homes from which they came.

There were no deaths of patients from Shrewsbury or the Atcham Rural District suffering from Scarlet fever.

Complications. Of the 134 Scarlet fever patients admitted 53 suffered from different complications, which prolonged their convalescence and retarded their discharge.

It is satisfactory to note that they were mostly of a light nature. There were 4 cases of Acute Mastoiditis following Otorrhœa, but there were no cases of Nephritis.

Complication.	No. of cases.	Complication.	No. of cases.
Angina of neck	... 1	Cervical adenitis	... 8
Quinsy	... 1	Vaginitis	... 1
Otorrhœa	... 12	Albuminuria	... 3
Mastoiditis	... 4	Boils	... 1
Rhinorrhœa	... 19	Pneumonia	... 1
Septicæmia	... 1	Erysipeloid Inflammation	1

Operations. The above list of complications shows that Rhinorrhœa or Nasal Discharge and Otorrhœa or Ear discharge are the commonest complications.

It is such discharges, which containing the germ of Scarlet fever, are infectious, and necessitate a prolonged stay in hospital or an operation.

The operation usually performed is that of removal of Tonsils and Adenoids, which shortens the duration of stay in hospital, generally causes the discharges to clear up quickly, and reduces the chances of the patient remaining infectious to others, as well as benefiting the general health of the particular individual.

The work done by the Ear, Nose and Throat Specialist appointed last year by the Joint Board in this direction, together with other necessary operations under a general anæsthetic, is as follows :—

Removal of Tonsils and Adenoids	12 cases.
Tracheotomy 	1 case.
Mastoid operations 	4 cases.
Cellulitis of neck incisions ...	2 cases.

In addition, under the terms of appointment of the above specialist, the Medical Superintendent has been able to consult with him on 9 occasions.

Return Cases. There were 6 “return cases” of Scarlet fever, or 4% of the total number of Scarlet fever cases admitted, which is the average percentage obtained in most Fever Hospitals.

Very often it is the most unexpected patient who after discharge from Hospital, gives rise to a return case, and until the presence or absence of the causative organism of Scarlet fever can be detected in convalescents, as in the case of Diphtheria, there can be no feeling of absolute security.

Alternatively, patients who though they have no mucous or other discharges from nose or ear, have unhealthy looking Tonsils and might be regarded as likely carriers sometimes do, but more often do not give rise to return cases. In this connection an interesting question of procedure presents itself. During the year at least 3 cases when being finally examined before discharge from hospital were noted to have unhealthy looking throats—throats

that in all probability still harboured the causative organism, and it was remarked by the Medical Superintendent that it was quite possible that they might still be infectious, despite the fact that noses and ears were dry and that they had been detained in hospital for the recognised period.

These three cases did, in fact, carry infection in their throats and gave rise to return cases.

The question that arises therefore is,—Is it possible and desirable to perform an operation for removal of Tonsils which appear to be unhealthy and **may** be harbouring the germ of Scarlet fever on presumptive evidence only and without definite proof.

Tonsils are removed in persistent Diphtheria carriers because the presence of the Diphtheria bacillus can be demonstrated, but is one at present justified in incriminating a throat which does not appear normal on naked eye evidence alone.

One does know that if abnormal throat or nose conditions are associated with mucous discharges, that the discharges almost always contain infective material, but in the absence of such discharges proof is not conclusive.

No patient on whom an operation had been performed prior to discharge from hospital gave rise to a return case, but it is quite fair to assume that some might have done so, had they not been operated upon.

Duration of stay. Mild cases of Scarlet fever without any complications are discharged from hospital at the end of four weeks from the day of onset of disease.

The average duration of stay of patients was as follows :—

Scarlet Fever	...	34 days.
Diphtheria	...	15 „
Typhoid	...	48 „
Measles	...	16 „

Last year the average duration of stay of Scarlet fever patients was 32 days. The increased average number of days in hospital this year has been brought about mainly by the severe and septic cases from outside districts.

Six severe cases of Scarlet fever averaged 77 days each.

Cross Infection. Bed spacing and free through ventilation of the wards all the year round combined with aseptic nursing are the factors which help to reduce the chances of spread of secondary infections, imported by patients or carried from one ward to another.

One case of Scarlet fever was incubating Chickenpox on admission and developed the latter disease after a short period in hospital. Isolation of contacts and other measures were taken and no further cases developed.

Two cases of Scarlet fever were also incubating Measles on admission. The one case gave rise to three other cases, and the other to none.

Deaths. Five patients died, all in the last quarter of the year.

Of the two Shrewsbury children who died, one died on the day of admission of Laryngeal Diphtheria (Tracheotomy case), the other which was an Inquest case, died of Septicæmia following an injury to the head before admission.

Two children from the Atcham area died, one of Septic Scarlet fever, the other of Diphtheria, being moribund on admission.

The other death was a child from the Whitchurch area who suffering from Septic Scarlet fever, died following an urgent operation.

BACTERIOLOGICAL WORK.

Bacteriological investigations of a simple nature only, are undertaken in the Borough Laboratory and consist chiefly of the culture and examination of Diphtheria swabs, examination of specimens of sputa for Tubercle Bacilli, specimens of blood from the Abattoir for Anthrax, and bacteriological culture of water samples for the purposes of bacterial counts.

The following work was carried out during the year.

		Number.	Positive.	Negative.
Diphtheria	{ Swabs from Isolation Hospital	371	7	364
	{ „ „ School cases and con-			
	{ „ „ tacts	59	—	59
	{ „ sent by Local Doctors	96	1	95
Tubercle Bacillus	Specimens of sputa examined	3	1	2

The undermentioned specimens from the Borough and paid for under the County Council scheme were sent to the University of Birmingham for examination :—

		Positive.	Negative.
Sputum for Tubercle Bacillus	...	3	50
Swabs for Diphtheria		1	4
Widal's reaction for Typhoid fever		—	3
Cerebro-Spinal fluid		—	1

DISINFECTION.

In last year's report it was mentioned that the traditional, elaborate, costly and time occupying processes of disinfection, which modern knowledge has shown to be uncalled for, have been abandoned.

In those houses however, in which domestic cleanliness is not a notable feature, fumigation or spraying may be resorted to.

But in the ordinary household, the inhabitants are encouraged to do something for themselves, and are shown how to do it, by means of instruction set out in the following leaflet, which together with a disinfectant, if required, is supplied to the head of the household in which a case of infectious disease has occurred.

DISINFECTION AFTER INFECTIOUS DISEASE.

Sunlight and Fresh air are the best disinfectants.

After the removal of a case to Hospital, the bedroom occupied by the patient should receive a good cleansing with soap and water, curtains should be taken down, and windows and door opened wide for drying and ventilating purposes.

A disinfectant solution such as **one tablespoon of Izal to one quart of water**, may be used for the washing of floors, walls, etc., but it is not absolutely necessary.

Handkerchiefs, sheets, pillow cases, towels, night shirts or under-clothing which may have been soiled by discharges from the patient, and so become infectious, should be soaked for 4 hours in the sickroom, in a solution of Izal of the same strength as mentioned above.

After this period they may be removed from the room and be boiled and laundered.

Toys, pencils, knives, spoons, forks, cups, crockery, glasses, sponges, flannels, brush and comb, and any other articles handled by the patient should be soaked in a similar solution of Izal for half-an-hour and then rinsed well in hot or cold water.

As an extra precaution they may be exposed to sunlight to dry on the window sill.

Tooth brushes should be burnt without any attempt to disinfect them.

Books used by the patient when ill, if of no value, should be burnt. If borrowed from any Library or if they are of any value, they should be handed to the Sanitary Inspector to deal with.

The disinfectant supplied is not intended for flushing out of drains or lavatories which is **unnecessary**.

Any persons living in the same house who contract a sore throat or otherwise become ill within a fortnight of the removal of the patient to Hospital should consult their own doctor or report the fact to the Health Department.

Children from a house in which there has been a case of infectious disease, and who attend elementary schools should remain away from school and not mix with other children for a period, the length of which will have been mentioned by the Sanitary Inspector.

When this period has elapsed, children should be sent to the School Clinic at the Health Department, for examination before returning to school.

A. D. SYMONS, M.D.,

Public Health Department,
74, Wyle Cop,
Shrewsbury.

Medical Officer of Health
& School Medical Officer.

Appended is a summary of the work done by the Sanitary Inspectors with respect to Infectious Diseases.

Visits made in connection with Infectious disease	309								
Cases removed to Hospital by Inspectors	... 26								
Disinfection carried out after	<table> <tr> <td>Tuberculosis</td><td>34</td></tr> <tr> <td>Scarlet fever</td><td>94</td></tr> <tr> <td>Diphtheria</td><td>4</td></tr> <tr> <td>Other diseases</td><td>4</td></tr> </table>	Tuberculosis	34	Scarlet fever	94	Diphtheria	4	Other diseases	4
Tuberculosis	34								
Scarlet fever	94								
Diphtheria	4								
Other diseases	4								
	136								

TUBERCULOSIS.

There were 22 deaths from all forms of Tuberculosis during 1927 which gives a death rate from Tuberculosis of 0.68 per 1,000 population.

Of these 22 deaths 16 were due to Pulmonary Tuberculosis or Phthisis which gives a Phthisis death rate of 0.49 per 1,000 persons living.

The following table gives the number of new cases of Tuberculosis notified in the year, together with the deaths, and the age period.

Tuberculosis.

Age Periods.				New Cases.				Deaths.			
				Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
				M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	...	...	...	—	—	—	—	—	—	—	—
1—5	...	...	...	—	—	1	4	—	—	1	1
5—10	...	...	...	1	—	3	1	—	—	1	—
10—15	...	...	...	—	—	3	—	—	—	—	—
15—20	...	...	...	1	2	2	1	—	1	—	—
20—25	...	...	...	5	1	—	2	—	—	—	1
25—35	...	...	...	1	2	—	—	5	4	—	—
35—45	...	...	...	3	2	—	—	2	2	—	—
45—55	...	...	...	2	2	—	1	—	1	—	1
55—65	...	...	...	1	—	—	—	1	—	—	1
65 and upwards	...	...	...	1	—	—	—	—	—	—	—
Totals	...	...	...	15	9	9	9	8	8	2	4

Of the 22 deaths from Tuberculosis 4 or 18% were not notified before death.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

It was not found necessary to take any action under the above Regulations.

Public Health Act 1925, Section 62.

It was not found necessary to take any action under the above section of the Act.

MATERNITY AND CHILD WELFARE.

In a year during which a smaller number of babies died than has ever been recorded previously in this town, it is legitimate to give some of the credit for this satisfactory event to the work of Maternity and Child welfare activities.

The whole credit cannot be due to such activities, and never will, for various reasons, but there is no doubt whatever that many deaths have been prevented, and chances of survival increased, by the work done by the two Health Visitors and at the Welfare Centre.

The attached table, being a mere compilation of figures gives no idea of the educational work carried on in the homes of the people by the Health Visitors.

Visits of Health Visitors, 1927.

	Ante-Natal Visits.	Under 1 year.		1—5 Years Visits.	Infant Death Enquiries.	Still-birth Enquiries.	Home Nursing.	Totals.
		First Visits.	Return Visits.					
January ...	111	44	403	302	3	4	2	869
February ...	64	48	286	297	—	—	1	696
March ...	55	34	315	176	5	1	—	586
April ...	45	40	259	167	4	2	—	517
May ...	65	68	392	301	5	1	2	834
June ...	48	37	370	258	2	5	1	721
July ...	102	51	541	429	2	1	4	1130
August ...	23	32	172	100	—	—	—	327
September	43	51	226	113	1	1	—	435
October ...	87	72	546	348	—	—	9	1062
November	105	37	403	317	1	2	6	871
December ...	92	38	454	234	2	1	5	826
Total ...	840	552	4367	3042	25	18	30	8874

The method of feeding of infants, as ascertained at the first visit, is indicated below :—

Breast.	Bottle & Breast.	Bottle Fed.	Artificial Food.	Not investigated.	Died before Fed.	Total.
433	13	52	35	*73	12	618

* Of this number 48 were born in Shrewsbury, but live outside the Borough boundaries.

Some of the children who were breast fed on the occasion of the first visit had a change of feeding later and the number and length of time breast fed were as follows :—

Total Children observed.	Left after 1st Visit.	1 week.	2 weeks.	3 weeks.	4 weeks.	5 weeks.	6 weeks.	2 months	3 months	4 months	5 months	6 months & over.
433	14	13	4	7	16	4	11	32	37	32	13	250

Welfare Centre.

Some slight extension of the work carried on at the Welfare Centre which is held on two afternoons each week, at which the Medical Officer of Health, Health Visitors and Voluntary Helpers attend, has been effected by an arrangement with the County Council, whereby mothers living just outside the Borough boundaries, for whom no other centre is available can attend.

The same scheme is **also** in force with regard to the Ante-Natal Clinic.

Despite the number of wet afternoons, which materially effect the attendance figures, the popularity of the Welfare Centre has been maintained.

Work at Welfare Centre 1927.

	Under 1 year.	1—5 years.	Expectant Mothers.
New Cases	199	88	81
Old Cases	86	233	19
Total Attendances ...	1459	2100	246

The amount of work done at each session may be gauged from the following average numbers.

Average attendance of Mothers each afternoon	...	...	27
„ „ „ Children „ „	...	...	34
„ number of children medically examined	...	...	24

Other activities may be summarised as follows.

Number of Mothers who received Dental treatment	...	14
„ „ Children „ „ „ „	...	3
„ „ Children referred to Eye, Ear & Throat Hospital		28
„ „ „ „ „ Cripple Care Centre	...	16
„ „ „ admitted to Orthopædic Hospital	...	3
„ „ „ referred to Doctors, Infirmary or Relieving Officer		72
„ „ „ under 3 years receiving Free Milk	...	34
„ „ Expectant Mothers „ „ „	...	23
„ „ Nursing „ „ „	...	35
„ „ Cases admitted to Maternity Home		26

During the year a change was made in the method of supplying milk. Applicants are required to fill in a form stating their income and other home circumstances, and at the discretion of the Medical Officer, a grant of milk is made in necessitous cases, by giving the applicant an order form for delivery to her milk seller who then distributes the milk daily for the period specified in the order.

The milk of the various milksellers in receipt of these orders is the more particularly watched and analysed.

Dried milk is sold at the Welfare Centre at cost price, only in those cases in which the Medical Superintendent considers it necessary on the grounds of health.

Virol, Cod liver oil, Cod liver oil Emulsion, Malt extract and Marmite are other substances sold in small amounts at cost price, or provided free by the Voluntary committee.

The School for Mothers Committee composed of voluntary helpers have rendered most valuable service, not only in raising funds to supply such supplementary articles of diet, but by personal attendance and help on Welfare Centre days.

Ante-Natal Clinic. Expectant Mothers seen at the Welfare Centre or interviewed in their homes by the Health Visitors are advised to attend the Ante-Natal Clinic which is held once a fortnight, if they are not under supervision of their own doctor.

During the year the closer co-operation of the midwives practising in the Borough has been sought. They were circularised and informed that any of their cases could be examined at the Ante-Natal Clinic, and that reports of the result of the examination would be sent.

The following figures show the work that has been done.

Number of sessions held	...	...	...	...	26
Number of patients examined	Ante-Natally	106	}	115	
	Post Natally	9			
Total number of attendances	...	...	...	...	191

Of the 106 patients examined 1 was referred by a doctor, 10 by midwives, 87 by the persuasion of Health Visitors, and 8 attended on their own initiative.

The work of an Ante-Natal Clinic is to correct as far as possible those conditions which are enfeebling the potential mother's health and includes such general measures as advice as to clothing, exercise, rest, fresh air, and food, the removal of dental sepsis, and in cases of insufficient nourishment, the supply of milk to supplement an inadequate diet. The special measures embrace a physical examination of the heart, lungs and other systems of the body, and a detailed investigation of those structures intimately concerned in the mechanism of parturition.

Of the 106 women examined at the Ante-Natal Clinic, 71 were known to have been confined during the year, and the results of the confinements were as follows.

Number of confinements	...	...	...	...	71
„ „ „ in own homes	...	...	...	...	45
„ „ „ at Maternity Home	...	...	...	...	26
„ „ women who died as a result of confinement	...	...	...	...	Nil.
„ „ „ who suffered from Puerperal Fever	...	...	...	...	1
„ „ „ after confinement	...	...	...	...	2
„ „ „ who suffered from Puerperal Pyrexia	...	...	...	...	2
„ „ „ after confinement	...	...	...	...	2
„ „ Live Births	...	...	...	...	67
„ „ Stillbirths	...	...	...	...	4
„ „ Mis-carriages	...	...	...	...	Nil.
No record of Birth, e.g. Left or Live outside Borough	...	...	...	...	12
Not yet confined	...	...	...	...	23

Investigations made into the causation of the 4 stillbirths showed that one was due to unavoidable accidental hæmorrhage, one to developmental abnormality of the child, one to no ascertainable cause, the child who was only 3 lbs. at birth, being alive until labour began, and the other to prematurity and abnormality of presentation.

Maternity Home. Mothers whose home circumstances are such that confinement is impossible owing to insufficient accommodation or undesirable owing to the absence of facilities to ensure cleanliness in the course of labour can be admitted to the Maternity Home.

All patients admitted are examined at the Ante-Natal clinic prior to admission, and they make payment towards the cost of maintenance, according to the family income, the sum arrived at, being agreed upon by the patient, her husband and the Medical Officer of Health.

Half of this sum has to be paid before admission.

Twenty-six patients were admitted during the year, 17 of whom were confined at the Victoria Nursing Association Maternity Home in Shrewsbury and 9 at Berrington Hospital.

In March, new arrangements were completed whereby patients were received in the Maternity wards at Berrington Hospital $4\frac{1}{2}$ miles from Shrewsbury, which is a general hospital administered by the Atcham Board of Guardians ; at a cost of £2/2/- per week including transport by motor ambulance.

The services obtained at this Hospital are excellent.

The wards are light, cheerful and cross ventilated, and look out on to a country prospect.

As a result of negotiations between the Medical Officer of Health and the Hospital Authorities, a dietary scale was drawn up, to ensure that mothers who have been confined, are not allowed to overload themselves with food, but receive a diet which is balanced and contains all the essential elements for proper nutrition.

During the nine months that this Institution has been available for the reception of maternity cases only 9 cases from the Borough elected to go there.

Except at the beginning of the period when details of organisation were not working quite smoothly, no complaints have been heard, but satisfaction with the food and nursing attention has been expressed.

There appear to be two main reasons why more advantage has not been taken of this Institution than is actually the case, and these reasons have been ascertained by enquiries. Firstly, there still exists in the public mind the rooted objection to or fear of association with the Poor Law, and secondly, owing to the distance of the Hospital from the town mothers do not care to be so far separated from their families.

With regard to the first objection, it may be stated that Time will remove the prejudice, and that its removal will occur more rapidly, when those who have been patients spread the news that there is nothing at which to object.

From the medical point of view, the distance of the Hospital from the town has everything in its favour, not only because the confinement is taking place in ideal surroundings of pure air and sunlight for convalescence and with a doctor and nurses on the spot, but because innumerable visiting relations and friends to a woman who has just gone through the pains of childbirth, are bad for her. A woman after confinement, requires quiet and rest and a few occasional visitors.

In a town, and in her own home, a parturient woman, more often than not, is besieged by inquisitive visitors some who come to help and congratulate, others who come to gloat and gossip over the tortures of the confinement and to rake up morbid stories of their own or other peoples catastrophies.

In a Hospital situated as Berrington is, though transport facilities by bus and train are available, the amount of visiting is reduced to a desirable minimum.

The incidence of Infectious Diseases among Parturient Women, Infants and Young Children.

Complete arrangements were in being for dealing with cases notified of Puerperal Fever and Puerperal Pyrexia, which include (1) Provision of Hospital beds, (2) Services of a Consultant, (3) Provision of a Trained Nurse, (4) Bacteriological examination of blood or lochia.

During the year 3 cases of Puerperal fever and 7 cases of Puerperal pyrexia were notified. There were no deaths.

Under the arrangements mentioned above, one case was admitted to Hospital, one was provided with a trained nurse and a consultant was asked for by the medical attendant on two occasions.

The following table shows the ascertained causes of the Pyrexia in each case, the action taken and the result.

Case.	Diagnosis.	Cause of Pyrexia, if ascertained.	Action taken.	Result and Remarks.
1.	Puerperal Fever.	Ante partum hæmorrhage.	Treated at Infirmary	Still born child. Mother received blood transfusion and recovered.
2.	„	? Old uterine trouble.	Patient in Private Maternity Home.	Living child, Mother recovered.
3.	„	Retained Placenta.	Treated by doctor in own home.	„ „ „
4.	Puerperal Pyrexia.	Mastitis and Nephritis.	Consultant provided.	„ „ „
5.	„	Phlebitis and Sapræmia.	„	„ „ „
6.	„	Pyelitis.	Trained Nurse provided.	„ „ „
7.	„	Anæmia and Exhaustion.	Treated by doctor in own home.	„ „ „
8.	„	No ascertainable cause.	„ „ „	„ „ „
9.	„	Mastitis.	„ „ „	„ „ „
10.	„	Sepsis following Miscarriage.	Admitted to Hospital.	Mother recovered.

Measles was epidemic towards the end of the year.

Many infants as well as 600 school children contracted the disease, and there were 4 deaths of children up to the age of five years.

There were no deaths among infants attributable to Whooping cough.

There were 2 deaths only of infants or children under two years of age from Diarrhœa.

The incidence and disposal of cases of Ophthalmia Neonatorum is set out in the following table.

OPHTHALMIA NEONATORUM.

Cases.			Vision unimpaired.	Vision impaired	Total Blindness.	Deaths
Notified	Treated.					
	At Home.	In Hospital.				
3	—	*3	3	—	—	—

* One of these was treated as an out-patient at Eye Hospital.

ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS,
with date of adoption :—

Public Health Acts (Amendment) Act, 1890. Adopted 1908.

Infectious Disease (Prevention) Act, 1890. Adopted 1909.

Public Health Acts (Amendment) Act, 1907. Adopted 1912.

Public Health Act, 1925. Adopted February, 1927.

Byelaws with respect to Slaughterhouses. Adopted 13th Feb., 1888.

Byelaws with respect to Nuisances in the Borough. Adopted 28th Aug., 1905.

Byelaws with respect to Common Lodging Houses. Adopted 13th Aug., 1906.

Byelaws with respect to Public Slaughterhouses. Adopted 16th Oct., 1911.

Byelaws and Amended Byelaws with respect to Public Slaughterhouse. Adopted 26th Nov., 1919.

Byelaws with respect to New Streets and Buildings. Adopted 22nd June, 1877. Revised 9th October, 1923.

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